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ABSTRACT

The facilities provided by youth advisory services are not really original, because services existing before 1970 already provided most of the facilities and utilized the same methods. The innovation of the services exists more in the way they approach young people. The effect of the services has been to increase the number of assistance posts in areas of social turmoil, thereby making it easier to carry out on-the-spot tracing and diagnosis of behavioral disturbances or social handicaps. The originality of this approach has been in a breaking down of hierarchical structures which is not in line with the sectoral concept of mental health services, but which brings assistance, reception and treatment networks to areas not properly covered. Scientific evaluation of the preventive work by the wide range of youth advisory services seems to face the same continuing problem encountered in all preventative research. The basic problem exists in defining the very notion of success, because that definition requires that the chief criteria be separated out from a multitude of variables. Attendance figures still convey an idea of the success of the services. There is nothing to show that long-lasting institutions interest the young. (BN)

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PATTERNS OF YOUTH ADVISORY SERVICES

Report on a Study
for the Regional Office of the
World Health Organization

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I. OUTLINE OF THE STUDY

1. Scope and purpose

There are three prime reasons for the key position occupied by this study in the long-term programme of the Regional Office in child and adolescent mental health.

In the first place the study lies at the interface between at least four foci of permanent interest displayed by Member States:

(a) interest in the different types of mental health services provided for communities;¹

(b) the interest in the hinge-group of the population represented by adolescents and young adults;²

(c) interest in one of the frequently quoted reasons for the establishment of such services, i.e., the use of drugs and/or drug dependence;³ and finally,

(d) interest in education for health,^{4, 5} a motive which seems to be more important than the preceding one as regards services for young people which, for many reasons such as those given below,

¹ WHO Regional Office for Europe. Mental health services in pilot study areas. Report on a Working Group, Copenhagen, 1973 (document EURO 5433 II)

² May, A.R. et al., Mental health of adolescents and young persons. Report on a Technical Conference, Geneva, World Health Organization (Public Health Papers, No. 41)

³ WHO Regional Office for Europe. Measures for the prevention and control of drug abuse and dependence. Report on a Working Group, The Hague, 14-17 April 1971, Copenhagen, 1971 (document EURO 5412 IV)

⁴ WHO Regional Office for Europe. Health education programmes concerning drug abuse in young people. Report on a Working Group, Hamburg, 11-14 April 1972, Copenhagen, 1973

⁵ WHO Regional Office for Europe. Evaluation of mental health education programmes. Report on a Working Group, Nancy, 21-24 May 1973, Copenhagen, 1974

are less frequently than they used to be resorted to for counselling, guidance or assistance, specifically regarding the use of drugs.¹

Secondly, it needs to be recognized that as these services and centres are mostly recently established, they are little known by the population at large or the health authorities, as we shall see below. Although their existence is fairly frequently mentioned in reports to conferences and meetings, 2, 3, 4, 5 few publications and reports are devoted entirely to them, 6 and often there are no government policy positions adopted in relation to them.⁷ The picture is as if no such interface yet existed; one of the reasons for the present study was to contribute towards producing one.

Finally, the features common to most of these services (established by the young for the young, with ease of access and informality among their goals, in the way they are designed and the way they operate, maintaining their independence from the conventional medical concept of health and sickness, succeeding rapidly despite their limited resources in meeting local needs, etc.) should be given close attention by all members of the health professions and community workers as they also represent a

¹ WHO Regional Office for Europe. Joint Steering Group on planning and control of long-term programmes in child and adolescent mental health and alcoholism and drug dependence, Copenhagen, 21-22 January 1974. Report on the proceedings, Copenhagen, 1974 (document EURO 5413 III)

² Mason, P. Medico-social services in the community for youth, Sixth International Congress of Hygiene, Preventive Medicine and Social Medicine, Madrid, 1971

³ Jeanneret, O. Trends in social and socio-medical services for the young. Report presented at the International Health Conference, Douglas (Isle of Man), 4-8 September 1972, Roy. Soc. Hlth J., 93, 3, pp. 151-155

⁴ Stoop, G. Les mouvements Infor-Jeunes. Infor-Jeunes Bruxelles: origine et développement de son action, In: Voies nouvelles de prévention, Neuvième colloque, Namur, 15-16 mars 1974, Centre d'étude de la délinquance juvénile, Brussels, 1974, Publication No. 35, pp. 45-47

⁵ Orsel, C. The free clinics: Haight-Ashbury, San Francisco, 1967-1974; L'Abbaye - Le Pont, Paris, 1970-1974. In: ibid, pp. 79-102

⁶ Cahiers médico-sociaux (1973) Les nouveaux types de centres d'information, de conseil, d'accueil, d'hébergement et de traitement pour les jeunes, 17, 1-2

⁷ Government of Canada. Committee of Enquiry into the Use of Drugs for Non-medical Purposes. Final report, Ottawa, 1973, pp. 1079-1102

kind of challenge to traditional concepts of planning, administration, management, facilities, training skills and qualifications of personnel, etc. Moreover, in the past, for many of these services, the challenge has been specifically revealed in the problems, the impossibility of coordination or even of simple liaison with other already existing, and mainly more conventional services, even where they complement rather than compete with one another's activities, situated as they are further on than in the treatment network. It was therefore important to lose no time in carrying out an initial systematic horizontal overview of such services as a point of departure for other possible longitudinal studies if practicable, which would be capable of following their development. Only the future can show under what circumstances and to what degree they will move further away from, or come closer to the traditional mental health systems; if the latter happens they may help in changing them.

2. Purposes of the study

Basing the study on youth advisory services as defined below, the two consultants were asked:

- (a) to review in detail the development, operation, and if possible the effectiveness of such services in the countries each was to visit;
- (b) to elucidate their role or roles in the framework of mental health services provided, particularly from the standpoint of prevention;
- (c) to examine their similarities and differences, and the main concerns of those responsible for them; and
- (d) to sketch their possible future development.

It thus consisted of an analysis from the triple standpoint of institution, function, and method of approach, followed by a synthesized comparison of both services and with more traditional ways of approaching adolescents in relation to mental health.

This latter fact led one of the consultants to consider an overall initial approach as one which would respond to an objective stated as follows:

"To determine the philosophy, structure and organization of mental health services for youth in those countries as it relates to the development of youth advisory services."

The selection of countries for visits was made by the Regional Office with a view to obtaining the most representative sample possible of those where it was known that such centres existed.

3. Definitions

Given the range of services known and the problems foreseen in carrying out the study, the Joint Steering Committee adopted the following working definition, prepared by the two consultants and proposed by the Mental Health unit in the Regional Office for Europe:

"A service of a permanent or semi-permanent nature focused on adolescents and young people to provide advice and assistance. In some ways, such services commonly make use of professional personnel (perhaps only on a consultant basis) and are aimed at finding solutions within the community either through traditional service structures, through alternatives to classical institutions, or through specialized settings. They are characterized by their informal organizational basis and by attempts to facilitate access and availability and may offer a variety of services (e.g., advice, counselling, referral, education). Contacts may be anonymous and informal.

For the purposes of this study, long-term residential settings, communes, and classical psychiatric hospital based facilities and ambulatory services for youth are not included."¹

The definition was broad enough to permit the inclusion of a quite extensive range of institutions, which led one of the two consultants to draw up an interesting classification scheme, which can be found on pages 27-30. As a result of this classification, the other consultant made the following comment on the definition:

"Twenty-four hour crisis centres which were primarily oriented toward treatment were not considered to be youth advisory services. However, drop-in centres did meet the criterion. According to the criteria listed, the service need not be a non-establishment or alternative service, but could be set up under medical auspices out of a hospital or clinic setting. It should be remembered that the aim was to study the youth advisory services, not only the youth advice centres such as those in the Netherlands which are only one way amongst many for delivering advisory services to youth. Stated another way, the emphasis was on the process of delivering a certain kind of service, not on a particular structure or particular organization."

¹ op. cit.

4. Field work

As far as work was concerned, the definition was designed to enable:

- (a) the health authorities of the 11 countries included to make the initial choice required, to submit to the Regional Office for the purposes of the consultants, a list of relevant services known by them;
- (b) the two consultants assigned to make visits to these services to discover others in the course of their visits, if there were any.

In practice, though the task of the authorities and the consultants ought thus to have been made smoother, it was evident that the poor flow of information between the services and the health authorities described above, the very localized nature of these services and centres, and the impossibility of knowing their characteristics before meeting their organizers, all led to the double and unforeseeable result that on the one hand, some of the centres about which information was given and in certain cases visited did not come within the compass of the working definition, and, on the other hand, a significant proportion (but varying from one country to another) of existing services and centres could not be visited through lack of time, even where the consultants had been told of their existence in the course of their visit.

In the field, the two consultants collected the information they required through talks with the organizers of services and centres and, to the extent that this was possible, with those who were working for them; by participating occasionally in talks with young "clients" of the services and centres, and in a few cases having the chance of taking part in working sessions of some of the teams on the spot. Other data, particularly country information, data on youth problems, services not covered under the definition, etc., were traced in reports, published or unpublished, and articles.

5. Presentation of the report

Following the missions carried out in the countries assigned to them, each of the consultants prepared an analytical summary describing the specific activities undertaken in each service and centre visited in the different countries. Given the fast evolving and fluid nature of advisory services for young people, a matter on which incidentally the conclusions reached by the consultants leave no doubt, it did not seem worthwhile annexing the analytical summaries to the present text since by the time it goes to press, they will be more than two years old and consequently risk being considered obsolete.¹ It is more relevant to give here the summary report drawn up by each of the two consultants, to show the impression of the whole that they obtained at the time of their mission.

¹ A limited number of copies of these analyses is available for those who, from the technical or professional point of view, would be particularly interested in the subject.

Rather than reducing the two reports to a single document, it seemed wiser to submit them separately, with a minimum of changes being made. In fact, very different points of view existed between the two consultants, resulting both from their backgrounds (one of them being a lawyer whereas the other is a psychologist) and the concepts that they had formed of their mission and the shape of their final reports.

Despite the differences, the reader will have no difficulty in recognizing the very close similarities between the two reports. It is one of the most striking results of the study in that it shows the degree to which the "spontaneous generation" and almost simultaneous emergence of institutions throughout Europe demonstrated points in common, showing the degree to which the needs of the young people in this regard, or at least of some young people, are the same everywhere.

II. YOUTH ADVISORY SERVICES IN CZECHOSLOVAKIA, DENMARK, THE NETHERLANDS, POLAND, SWEDEN AND THE UNITED KINGDOM

REPORT ON A VISIT BY M.F. SHORE

1. Introduction

1.1 Adolescence

The historical forces set in motion by economic and social developments over the last few decades have produced a distinct phase of psychosocial development between childhood and adulthood, that of adolescence. While puberty is a relatively universal period of physical maturation, adolescence as a stage of psychological growth is intimately associated with economic development, social and cultural values, historical traditions, as well as political factors. Although most of the developed countries recognize adolescence as a distinct stage of development, the age-ranges which are considered as defining this developmental phase may differ from country to country, in accordance with social needs and customs. Thus, in Czechoslovakia, adolescence is regarded as lying primarily between 15 (when compulsory education ends) and 18 years of age (when all legal and civil rights of the adult are obtained). In the United Kingdom, on the other hand, the age span of youth or adolescence is defined as lying between 14 and 21.

In most European countries the age at which adult rights and privileges are accorded youth varies greatly. For instance, in the Netherlands voting rights are obtained at the age of 18, but parental authority does not cease until age 21. In Denmark criminal responsibility comes at the age of 15, while voting rights are obtained at the age of 20.

1.2 Youth problems

With increasing industrial and technological advances, the role of the family as the chief institution responsible for the transition from childhood to adulthood has changed greatly. Other social institutions (e.g., schools, recreational centres) have all begun to play an increasingly greater role in the preparation of the young for adult responsibilities.

Recently, young people in many countries have tried to become a potent social and political force. Through such activities as the "youth or counter culture", unrest in universities, and the development of alternative styles of living, the young have gained a degree of influence which they have used to focus attention on some basic social issues. One result of their pressure has been the development of new strategies in the delivery of mental health services.

Some young people, despite perhaps a period of intense rebellion or adolescent crisis, have still been able to develop adequate feelings of

self-esteem and satisfaction in relationships with others, adults and their own peers. In some way they have proven able to tap personal resources and available social supports. Conversely, due in particular to the absence of the appropriate types of social support, other young people have experienced intense personal and social alienation, leading to such situations as:

- (1) abuse of alcohol and drugs;
- (2) physical disorders and disease (e.g., venereal diseases, nutritional disorders);
- (3) leaving school before any vocational planning or direction;
- (4) leaving home with no place to go and no financial resources;
- (5) severe learning problems;
- (6) severe depressions often leading to suicidal thoughts or behaviour;
- (7) an increase in aggressive and violent behaviour;
- (8) premature sexual activities, sometimes leading to pregnancy and early marriage;
- (9) chronic aimlessness.

All of these symptoms of maladjustment in youth, many of which have markedly increased in recent years, have aroused concern both at national and international levels.

1.3 Assessment of need

A common feature in all the countries visited is the usual absence of adequate data on youth and their needs: in none of the countries visited has there been a systematic assessment of youth problems, despite the general recognition of the value of such data. The only survey of adolescents reported was done in Czechoslovakia in 1960 where 900 young people were questioned, to determine what their concerns were and to whom they normally turned for help. The results of that study led to the establishment of a walk-in clinic for young people.

Instead of a careful analysis of attitudes, concerns, needs and patterns for seeking help, youth programmes have developed in response to crises such as drug abuse, inappropriate sexual behaviour, alcoholism, or antisocial behaviour, with little planning either locally, regionally, or nationally.

1.4 Recent changes in service structures

A growing number of young people in need of psychological help have been turning away from parents, teachers, doctors, religious leaders, and voluntary associations, all used in the past by society as agents for help and assistance with psychological problems. The reasons behind this phenomena are complex and have generated a variety of interpretations and explanations. Regardless of cause, however, the distrust and suspicion of traditional sources of help by the young has become widespread and appears to be growing.

Instead of using the already established institutional structures, young people have been active in either developing their own alternative sources of help or in fostering the development of new service structures. As a result, we have the rise over the last decade of hostels, emergency telephone services, youth clinics, crisis centres, contact centres, legal aid centres, information centres, walk-in clinics, outreach services, youth advice centres, special clubs, talk centres, communes, and others. Some of the staff at these places are paid, some are volunteers. Some are peers, some adults. Some are psychiatrists, some social workers, some educators. Some are ex-addicts, some are lay people with no history of difficulties. Some of the services are state supported, some financed by private sources.

These new services are not necessarily set up as alternatives to traditional settings. Some of the latter, eager to assist young people, have altered their structure so as to adapt more readily to the changed needs and styles of youth. This has included changing the hours of service, permitting anonymity, protecting the young from legal harassment, making available treatment for sexual difficulties despite legal limits, and keeping information confidential, despite pressure from teachers, parents, police, employers and other individuals.

A major feature of all the new youth advisory services has been their focus on the young person. It is only rarely that parents are involved at all. Even when they are brought in to a case, it is often merely to gain permission for working with the child independently, rather than including the parents as part of the helping process. Such an approach recognizes the declining influence of parents and families on the young, the rising mistrust of parents, and the increasing independence of the young in arriving at solutions to their problems.

2. Youth advisory services

2.1 History and development

Youth advisory services have developed in a number of different ways in some of the countries visited. In the United Kingdom, and Poland, for example, some of the new services have evolved out of the interest of educators. In Sweden, many have arisen from social workers. In Czechoslovakia and Poland, medical doctors with special interests in

youth, gynaecologists as well as psychiatrists, have played a major role in setting up advisory services. In such countries as the Netherlands and the United Kingdom lay individuals, with limited training in mental health areas, have been instrumental in developing the new services.

However, one common feature of all of these youth advisory services, irrespective of their origin, is their recent development. Few of the services were more than four years old at the time the present report was written, and on average they had been in operation for about two years.

2.2 Philosophy and goals

In general, however, the youth advisory services concentrate on temporary assistance during a given situation, for as short a period of time as possible, by means of information, advice, and short-term counselling.

Through short-term contacts they attempt to:

- (1) resolve a current stress situation through information or counselling;
- (2) foster a relationship of trust so that help can be sought through them again in case of need;
- (3) find the agencies, either traditional or non-traditional, that can be of most help to assist in building bridges between the counter-culture and conventional services, if necessary;
- (4) play the role of advocate in finding or establishing resources to help young people in the community, and to protect the young from cases of harassment, exploitation, and from other forces destructive of personality development.

The kind of goal stressed depends somewhat on the individual country. But most characteristically the individual setting sets its own goals. Thus, even among the over 20 youth advisory centres in the Netherlands, there are a variety of different emphases, some of which stress the advocacy role, while others focus more on treatment.

2.3 Diagnosis and assessment

There has been strong opposition among youth to medically-oriented programmes that employ medical types of diagnostic and assessment procedures. The reasons given are:

- (1) The medically-oriented diagnosis has often served to label or stigmatize a person, affecting his chances for employment, recreation, schooling and housing, all of which are necessary for adequate personal development. Such labelling, which is liable to perpetuate

a condition rather than help the person's adjustment, is of particular concern when one is attempting to help in such socially sensitive areas as homosexuality, prostitution, drug abuse, and criminality.

(2) Despite long diagnostic and assessment procedures, adequate treatment is too often either not available or seriously delayed.

(3) Conventional diagnostic procedures emphasize the pathology of the individual, with little stress on the maladaptive social conditions that bring about and perpetuate the disturbances he is subject to.

(4) Too much attention is paid to the pathology and too little importance given to the healthy aspects of functioning.

For these reasons, the youth advisory services have characteristically done little diagnosis and assessment, focusing more on the presenting problem and its immediate solution. They have accepted anyone who appears, irrespective of their problem, some of whom have, for a variety of reasons, been avoided by traditional settings. They talk to whoever calls, taking each call seriously and offering help to each caller. Very few individuals are excluded from their assistance.

Among the youth advisory services visited by the present writer, the actual threshold for deviation from their standard practices is usually extremely high. They hesitate to reject any client, even where they are being misused by the young people who come to them for help. Sometimes their inability to impose limits has led to difficulties with the community and to the closure of the service for a period of time until a new policy is set.

Actually, youth advisory services benefit a wide range of "diagnostic groups". Some young people are only in need of information.¹ Others are in need of long-term help, with some having severe character disorders or psychoses. Many who are seen appear to have limited motivation to change themselves.

One of the few mentioned diagnostic studies of those coming to youth advisory services was carried out in Czechoslovakia, and yielded interesting results. Certain young people calling a telephone service (about 10% of incoming calls) were considered too upset to be helped only over the telephone and were asked to come into the clinic. Case reports reveal that, despite the intense feelings of distress and despite the concern of the staff,

¹ Despite such programmes as sex education in the schools, there is agreement among administrators that the provision of information at a time when the person needs it is more meaningful and could in itself be helpful to many.

as high as 35% had no diagnosable psychiatric disorder while another 35% could be considered merely neurotic. Such results suggest the great difficulties in diagnosing adolescents and tend to confirm that the use of youth advisory services need not be confined to the most severely disturbed.

On the other hand, the lack of adequate diagnostic thinking in youth advisory services has sometimes resulted in unfortunate events that could have been avoided. Staff sometimes become over-involved, or find it difficult to set limits for fear that such a step would not be therapeutic. Likewise, psychotic individuals, undetected as such, have sometimes been given responsibilities which they proved unable to handle, resulting in further instances of failure.

One issue of major importance is how diagnostic thinking may be employed in the youth advisory services in such a way as to facilitate the philosophy and goals of the service, rather than in producing the situation that has led to such scepticism over assessment in general.

2.4 Comprehensive multidimensional services

Most problems of youth do not fit neatly into separate compartments. Instead, there is a constant interweaving of medical, social, educational, legal, vocational, recreational, and psychiatric features in any one case. Any help, therefore, must include or have available resources from these different disciplines. For example, in Denmark, many drug abusers who have shaken off their addiction have been found to have severe educational shortcomings and only limited job skills, even if an appropriate job existed. Each youth advisory service has come to see the need for a wide range of services for its clientele.

There are two ways of delivering comprehensive multidimensional services. One is through a mosaic of services in the community with which the service is in contact. Thus, through referral or interagency cooperation, efforts can be made to obtain the necessary help. Such a strategy requires careful coordination. In addition, it often serves merely to highlight major service gaps and needs in the community, for there often are no places to which referral may be made.

A second and more common method is for the youth advisory service to be flexible and for itself to provide a multitude of services. Through a variety of techniques (outreach, information, counselling, advice) and staff or consultants from many disciplines (legal, educational, medical, recreational), the youth advisory service has been able to develop a network or mosaic of services, such as clinics, halfway houses, crisis centres, job training units, hostels, family planning centres, and opportunities for financial assistance.

2.5 Community focus and community attitudes

A major feature of youth advisory services is their focus on maintaining young people in the community and offering services within the

local area by utilizing local community resources. There are few links with inpatient units. Most of the services are on an outpatient basis, except for the occasional hostel or lodging. Youth advisory services are located close to schools, social centres, club-houses or residential zones. There is constant contact with police, teachers, welfare workers and medical doctors. Often the staff are to be found on streetcorners, playgrounds, or railroad stations. The community focus is particularly well exemplified in outreach programmes such as those in Sweden, where a major attempt is made to link the advisory services closely to the highly developed youth club network as a source of referral and early identification.

The role of the community in policy formation for the advisory services varies from country to country. In the United Kingdom members of local communities are selected for boards of directors. These boards play a role in some policy formation. But, most importantly, they help to interpret the service to the community. On the other hand, in the two Eastern European countries visited, such community boards are not common.

The community direction of the youth advisory services frequently serves to identify major gaps in mental health service within the community as a whole. As a result, most of the advisory services have been sensitive to social issues and their relevance to mental health. Many of these programmes have felt an urgency to get involved in social action. In some cases, this activity has been embarrassing to the government which is the major source of funding for most of the services. To this end, for example, the Netherlands has set up criteria for the types of social action that youth advisory services may become involved in, but still be eligible to receive government funding. These criteria are:

- (1) that the involvement in social action should be related to local problems in areas such as housing, employment, delivery of medical care, etc., and a not too wide range of political issues, and
- (2) that any social action must be taken within the law.

However, community attitudes toward young people with problems are slow in changing. On the visits to all the countries, many lay people spoken to revealed anger at the young, who they felt, were either "being coddled" or were "too lazy" to work or study. Conversely, governments often had to overrule public wishes to punish or isolate young people with social or personal difficulties.

An interesting programme has developed in Poland which could bring about attitudinal changes in the student community toward those young people with problems. Members of the Polish Socialist Student Union have undertaken to run a group of camps on the Baltic Sea for fellow students having problems adjusting to the university. The students in the Union see themselves as advocates for the "problem youth", mobilizing the community, professionals, and the government for their camp programme.

2.6 Interagency relationships

Because of the multidisciplinary aspects of the work, youth advisory services have had to work with a variety of other agencies. Most often, since many of their clients have either run away from homes or institutions, or are on drugs, they have had to deal with police. One country, for instance, is currently attempting to work out a relationship between mental health personnel and the police, for drug addicts or alcoholics who may have legal problems to be able to feel enough trust to get help, instead of fearing punitive action. In another country, the Ministries of Justice, Culture, Recreation and Social Welfare and of Internal Affairs are currently working together to set a uniform policy on young people who use marijuana.

Some of the youth advisory services run by non-medical personnel, and in some cases even by non-mental health workers, have found particular difficulty with medical practitioners, few of whom have chosen to affiliate themselves with the advisory services. As a result, medical doctors (including psychiatrists) have been used by these services primarily on a consultant basis.

The relationships with recreational and welfare departments have, on the whole, tended to be more positive than those with physicians. Many of the youth advisory programmes have been initiated by local and national units in those areas. Despite some mistrust of non-mental health personnel, the general impression gained is that the relationships between the non-professional advisory services and the non-medical services are positive.

2.7 Coordination of youth programmes

Although most countries have recognized the close links between social welfare and health, with many developing a combined government department to deal with both matters, national coordination of youth programmes appears generally to be inadequate. Youth programmes are most often segmented between departments of justice, departments of health, welfare departments and departments of education, each taking one aspect of a youth's life. The argument in favour of this approach is that coordination between these various groups should occur at a local level, but such coordination is rarely achieved.

For this reason, many nations have made efforts to develop some coordination. Thus, in 1971 in the Netherlands, a group was organized to coordinate some 300 groups involved in drugs and drug education. Recently in Amsterdam, a new group was established to coordinate all alternative youth programmes. In the United Kingdom, two coordination groups have emerged. One is an information resource group (privately funded), which has published a list of youth advisory and counselling services. The second is a government funded organization formed as a resource group for agencies in the youth area, and dedicated to the implementation of youth policies recommended by various select committees. However, such attempts at coordination are infrequent.

2.8 Administrative characteristics

2.8.1 Structures

Youth advisory services, even in some eastern European countries, have been experimenting with a variety of new administrative structures. Many have attempted to change the traditional hierarchical organization into one based on a more horizontal democratic ideology. At one centre in the Netherlands all the staff even receive the same salary, regardless of training, skills, or functions.

In addition to the horizontal organizational structure, in most youth advisory services, efforts are being made to break down any clear role differentiation. Thus, all staff participate in all administrative decisions which are often made by consensus. All staff, regardless of discipline or training, participate in a wide variety of activities including interviewing. In many cases the lack of clearly defined roles seems to be operating well. However, in one youth advisory centre in the Netherlands, roles are once again becoming more sharply defined, albeit more in accordance with skills, major interests, and ability than in accordance with credentials or traditional role criteria.

One of the greatest administrative difficulties in youth advisory services lies in defining the goals and aims of a particular service. Most youth advisory services emerge out of a wave of optimism and attempt to make a broad definition of their tasks and aims, with a great deal of autonomy left to each unit and staff member. General issues are presented, around which task forces are organized. But often the advisory services are constantly defining and redefining what they want to do and how to do it. Most important in this regard is the previously mentioned conflict between a focus on social action and the approach which provides individual treatment. Some youth advisory services have had to close because they could not adequately resolve the issue.

One administrative problem that has plagued many youth advisory services is their size. With the need for a structure which offers many services and is available to all, youth advisory services have often grown rapidly in size. The fears are great that they will become another bureaucratic structure which will lead to inhuman, mechanical relationships, a way of relating which conflicts markedly with the ideology that has generated the youth advisory services as a unique programme of assistance for the young.

2.8.2 Staffing

A feature of many youth advisory services is the diversity of staff. Staff are not only those trained as mental health professionals in psychology, psychiatry and social work, but also those in areas significantly related to mental health (lawyers, nurses, sex counsellors, gynaecologists, educators, etc.). In addition, there are a variety of nonmental health personnel interested in working with the young. In many settings there are

also students in the mental health disciplines who are subsidized to acquire training in work with young people.

The role of volunteers on the staff differs in various countries. The eastern European services visited by the writer employ highly trained mental health professionals only, with no volunteers. In the other countries, volunteers (unpaid workers) play a major role in certain voluntary associations. Many are involved in the telephone services; fewer in some of the special advisory services. However, some advisory services come close to being self-help groups.

Few of the services visited had used ex-clients as staff members, or had developed a ladder for the training of ex-clients in new career directions for work with youth who have problems for which they had received help. The two reasons given were:

- (1) The person who has received help often loses touch with those currently in a distress situation similar to theirs, and therefore, may have special problems in relating to new cases in a helpful manner.
- (2) The person who has been helped does not want to be seen as "being different", with a specialty only in the area of his former problems. Instead, he often wishes to follow the regular route into the mental health area, obtaining those credentials that are necessary to establish him as a fully fledged mental health professional.

Staff selection on the whole is very informal. Most of the staff working within youth advisory services are below the age of 40. However, age is not seen as the most important criterion for acceptance as a staff member.

The major criteria for staff are a strong dedicated interest in helping youth; a creativity and willingness to experiment with new ways of working; an ability to respond flexibly and sensitively to the young; and a facility for openness with one's self. Although in the western European countries visited most of those who meet these criteria are young, in both eastern European countries visited, a large number are middle-aged.

In the staffing of youth advisory centres, psychiatrists appear to play a secondary role, except in both eastern European countries, where they were instrumental in the development and implementation of the youth advisory services. Thus, for the most part, psychiatrists have served as consultants. Those psychiatrists serving in this capacity are usually young, and show much interest in alternative youth programmes.

One staffing problem that arises has been how to mobilize the large number of staff members who possess strong antiauthoritarian feelings toward effective opposition and constructive community change. Sometimes the opposition to established rules has been extremely successful

in advocating effectively for the youth in distress. At other times, it has aroused strong counter-opposition and led to dissent within the service itself.

2.8.3 Standards and training of staff

In western European countries, the suspicion many young people feel towards professionals can also be encountered in some of the staff of the youth advisory services. New and innovative ways of training have evolved to deal with these attitudes. Most training is conducted on the job. Techniques such as closed conferences and seminars, sensitivity groups, and special group meetings are all used for staff development. The focus is on training through experience rather than through intellectual theory. Supervision, if any, tends to be informal. Most of the services provide new personnel with an initial, intensive, but brief period of training.

Distrust of mental health professionals among the young is not as common in eastern European countries as in the west. Professionally trained mental health workers are more involved with the youth advisory services. For example, the most highly trained mental health workers are used to answer emergency telephone services. Those interested in helping young people are encouraged to follow conventional paths into the mental health professions.

What has not as yet been developed is a philosophy of training in the new services. What should people be trained to do? Because of the breadth of scope of the youth advisory services, it remains to be seen to what extent training should be generic, and to what extent training in mental health should be specialized. If training is too specialized, it may be open to question whether it is in keeping with the concept of a youth advisory service.

One major feature of the staff in youth advisory services is how closely they relate to one another. Staff members assist each other a great deal. They work as a closely knit group rather than as individuals. The experience of being on the staff of the advisory service appears to be highly valuable for personal emotional development and growth in professional skills.

A variety of interesting techniques have been developed to maintain standards and monitor the advisory services. In the Netherlands, the "underground" press has listed the various advisory services, and checked them out by arranging for young people to visit them at various times of day and night.

Some youth advisory services ensure that the young person in need is seen by many members of the staff, who are all responsible for assisting him. The members monitor each other's work by discussing each interview together, from which they evolve a plan for assistance.

2.8.4 Financing

In all countries visited the youth advisory services are free of charge, except in rare cases (in the United Kingdom) where a small fee is charged if a client lives outside of the geographical area served. However, the manner of financing the services varies. In Sweden, local areas are responsible for financing welfare services, while the counties finance the health services. Since the youth advisory services often cut across these categories, there has been some controversy as to who should accept financial responsibility. In Denmark the Government and the local authorities divide the costs almost equally.

In the United Kingdom, financing is usually initiated through private sources, which obtain status as a charity prior to application for public funding. Most services in the United Kingdom continue to combine private and public funding in many combinations. In the Netherlands many youth advisory services are now funded by the Government, which gives subsidies to voluntary groups responsible for programme implementation. In most countries programme costs are reduced through premises being donated by municipal authorities or national governments.

Different countries finance the youth advisory services through different agencies. Some fund them through ministries of education, others through ministries of justice or health, while a third group funds them through agencies for social welfare and recreation. Sometimes, particularly with self-help groups, the advisory service chooses not to take public money because of fears of governmental control. The government, on the other hand, has been eager to finance some of these groups. In Sweden, certain self-help groups have been willing to accept such subsidies where the government agency promises no interference whatsoever.

2.9 Operational characteristics

2.9.1 Age range of clients

Perhaps, as a result of the arbitrariness with which the ages of adolescence are defined in each country, as well as the nonrational way adult responsibilities are accorded to youth, the youth advisory services are characterized by marked flexibility in their age range. Very few of the programmes set lower or upper age limits, even when possible legal issues arise. Rather than refuse help to those in need, efforts are made to handle the legal issues so that the person is protected and assisted.

Despite the wide range of ages seen (some have had clients as young as nine years of age or, at the other end of the scale, adults in their 40's) where statistics have been available, in all countries visited it was found that most of those using the services were between the ages of 17 and 20.

2.9.2 Continuity of care

With the need for many types of service, problems in continuity arise. It has become customary in youth advisory services for one staff member to take responsibility for the individual young person and to ensure that the services needed are provided and accessible. The staffs have sometimes had to act simultaneously as teachers, as advisers, and as therapists. When other agencies are necessary, the staff of the centre serve as the central point, offering direct assistance or obtaining access to necessary sources of help.

The selection of the person primarily responsible for help of all kinds has been done in an innovative manner in some advisory services in Poland and Denmark. The young person in need of help spends time or talks with a number of staff members out of which he selects one with whom he is willing to work. It is this staff member who is in charge of all service elements and ensures continuity.

2.9.3 Treatment techniques

The most prevalent technique has been through individual interviewing. Work with families is rare and group therapy is almost nonexistent. The use of biological treatment, e.g., medication, is discouraged, in part because so many young people are already taking drugs of various kinds. The stress is on psychosocial ways of treating the individual through close contact with him as an individual.

2.9.4 Accessibility

An element most characteristic of all youth advisory services is their accessibility. They are located in areas where the problems are the greatest (such as in the centres of cities), and in inconspicuous structures, usually old buildings. Hours of operation are extremely flexible, with many staying open into the early morning or 24 hours a day. Those youth advisory services that are currently not open during evenings or weekends express the wish to develop around-the-clock services. Often, the young people who come in for help are given the telephone number of the worker in case of emergencies. In all the countries visited, services are free and could easily be reached on public transport. People making contact with the service may remain anonymous, if they wish, and there is no waiting. Use of the telephone has increased accessibility, permitting immediate contact. To increase and encourage use of the service, in Denmark and the Netherlands there exist information sheets called "Use It", which list the agencies available for various kinds of help, providing basic information in up to seven languages. This sheet is distributed widely to young people all over the country.

2.9.5 Informality and flexibility

Youth advisory services are very informal. In some places those who come are even called "visitors" rather than "clients" or "patients". Offices are often decorated by the young people themselves in psychedelic colours or with posters. The rooms are often furnished with old furniture (sometimes by choice, sometimes because of limited funds). Interviews take place in large rooms in a relaxed atmosphere. Both staff and clients are dressed in informal street clothes. There are few time limits. Contacts can be short or extend to many hours, if necessary. Young people can come for as long as they feel necessary, leaving and returning at will. The absence of records in many centres, and the opportunity for anonymity allow for multiple contacts which may be adequate in themselves or may be useful in setting the stage for more extended treatment when the young person is ready to accept it.

2.9.6 Outreach services

Some of the youth advisory services have established outreach programmes to help young people who are having problems, but are not able to actively seek help on their own. Thus, the scope of the service is outside of the office in areas such as youth clubs (Sweden), street corners or docks (the Netherlands), or coffee houses (the United Kingdom). Nevertheless, despite strong efforts to reach out to young people in various ways, there still remain groups that are in dire need but have had no contact with any services. It is not yet known whether any effective strategy has been developed by a mental health service to reach these isolated groups.

2.10 Roles in prevention

Most youth advisory services concentrate on giving information, advice, short-term counselling and rapid effective referral for problems and symptoms that have arisen. Nevertheless, although most of their work may be considered as treatment, they are active in prevention of all kinds.

The role of the youth advisory services operating in the community has been clearly regarded as a factor in keeping young people out of hospitals and institutions. Their work with community agencies has facilitated the help that is needed and made it easier to accept such help. In addition, the availability of acceptable information and advice to young people when they are anxious and upset has no doubt played a role in stopping or at least delaying unnecessary contacts with more specialized agencies, according to the information collected during the visits to different countries.

Youth advisory services have also made efforts to identify and attempt to deal with problems that require social and institutional change. Housing, employment, financial aid, and medical care have all been seen as issues relevant to their work. In the Netherlands, for example, some of the youth advisory services have identified, as their most urgent task, the need

to act as advocates for young people and to mobilize the young as a force for change in the community, change they viewed as likely to avert the appearance of many problems.

Of course, most of the countries visited have certain highly developed primary prevention activities. Sex education programmes are widespread. Recreational programmes for youth are common (youth clubs, etc.).

In the eastern European countries, preventive medical services are extraordinarily well coordinated. Elsewhere, however, many gaps were still identified. Young people in greatest need often fail to take advantage of recreational facilities. In two countries it was noted that young people do not want to be seen by paediatricians, and that many doctors were not sensitive to the special mental health concerns of youth, unless symptoms were displayed. Although extremely useful, sex education has not yielded as effective results as was hoped. To cope with this problem in Sweden, groups have been set up by young people to deal with and encourage discussion of sexuality and its role in a young person's relationships.

There are two other strategies for prevention that have been initiated by youth advisory services. The first is consultation services for schools and other institutions on youth problems. Although the need for such consultation was mentioned many times, limited time, limited manpower, and overwhelming service needs made a planned consultation programme almost impossible. The second, which will undoubtedly have significance for prevention, is that of encouraging youth participation in decision-making on local and national levels.

In the United Kingdom, there has been a youth bureau instituted at the national level, whose major function is to develop and implement the philosophy of youth participation in community work. In Poland, as we have seen in section 2.5 above, students are active in assisting their peers who have problems. The active involvement of young people in society in such a way that their role is clarified, their voices are heard, and they feel they have an effect on society, can be seen as a major development in fostering an atmosphere conducive to mental wellbeing.

2.11 Research and evaluation

Very few youth advisory services visited have been formally evaluated. Most administrators believe that the increasing popularity of the service amongst youth is in itself an indication of its success.

Only one follow-up study has been done, a study of users of a telephone call-in service in Czechoslovakia; past users were asked to come in for interviews. After five years, a majority had felt they were helped.

Research and evaluation is usually done through academic institutions. Funding is seen as a major issue, since any evaluation requires additional

money and additional staff. In some cases the Ford Foundation or foreign governments have helped fund research programmes on youth.

The current data collected have largely consisted of statistical summaries of records of age, sex, grade or job, and presenting problems, that is, information needed to obtain funds for the continuation and expansion of services. This information has rarely been used formally to study trends, alter directions, or plan future goals of the different services.

The evaluation of youth advisory services is completely unmapped territory. The kinds of research possible, given the unique and important features of the service, such as flexibility and anonymity, have not as yet been determined. Research and evaluation in advice to youth is a challenge to any investigator.

2.12 The future

Youth advisory services constitute a significantly new approach in the provision of mental health services to young people. The services are in a constant process of growth and flux, always thinking and rethinking what they are doing. Each country has adapted certain elements of youth advisory services to match its own cultural traditions. Youth advisory services would seem to have become permanent techniques for aiding young people with mental health problems of all kinds. But the principles which form the basis of youth advisory services are of major significance for those in need of mental health care, irrespective of their culture or age.

III. ADVISORY SERVICES FOR YOUNG PEOPLE IN AUSTRIA, BELGIUM, FRANCE, THE FEDERAL REPUBLIC OF GERMANY, AND SWITZERLAND

REPORT ON A VISIT BY C.-N. ROBERT

1. Introduction

1.1 Youth and society

It is not really possible to investigate here in great detail the reasons which, sometimes dramatically, bring the socialization problems of young people to the fore in the present world. The joint crises of knowledge and of values have been treated in authoritative and competent studies demonstrating the contradictions inherent in different agencies moulding societal behaviour, such as the family, the school and the mass media, in the fragmentation induced by them (education, teaching, technical training, leisure, etc.), in the uncertainty instilled by the heroes of the young, in the transient effect of some of the agencies that mould behaviour which is unlike their previous key role (family), and finally in their replacement by new agencies, such as groups of young people on the fringes of the adult world (gangs, university campuses, communes, etc.). It is, therefore, inevitable that the patent lack of order in which we live today should have direct repercussions on some of those passing through periods of physical and mental development and growth, such as young people who by age or character epidemiologically constitute a high-risk group in mental health. It has been shown that the problems of adolescent transition are greater today than ever before and that this transition tends to be more prolonged. If it is recognized that adolescence is a period in the life of a person during which society ceases to consider him as a child, but does not grant him either the status, the roles or the functions of an adult¹ it should be recognized that this slow period of final growth can nowadays last from 14 to 25 years of age, a fact borne out by the statements made by advisory services treating this age-group; the pathogenic consequences of crisis situations are thus confirmed in practice.

Moreover, this "sickness of youth" which leads to deviant behaviour patterns (dropping out, neurotic conformity, rebellion) is largely due to a reaction attitude which is of a group nature and has a social cause. Symptoms of this are found in a "new pathology of symbols and behaviour", displayed in depressive and suicidal tendencies, drug addiction (alcohol, the use of pharmaceutical and illicit drugs), aberrant sexual behaviour, delinquency, (theft from large stores) rootlessness (running away), work instability (leading to beggary), etc., which require the classical concept

¹ Hollingshead, A. B. A sociologic perspective on adolescence. Pediat. clin. N. Amer., 1964, 7, pp. 131-146

of illness to be rethought and cast doubt on general traditional medical theories, particularly the model of mental health for youth, by and large in the preventive sense.

The present trend towards critical reconsideration and creative innovation, such a feature of youth advisory services, is justified both from the quantitative (population patterns and the prolongation of adolescence) and qualitative (the importance of prevention at all levels) points of view.

1.2 Traditional institutions and new agencies

1.2.1 Role of medical and psychiatric practitioners and health services

In the first place, it should be noted that general medical paediatricians, internal medicine specialists or general practitioners do not often meet adolescents at the surgery or for regular courses of treatment, except for chronic conditions or in the wake of accidents. Psychosomatic disturbances among adolescents, which most probably are as frequent, if not more so than among other age-groups, rarely result in deliberate and spontaneous surgery attendance. On the other hand, child psychiatry services, special education for the maladjusted or for those with special problems, are often closely linked with the schools and have a greater supervisory role over childhood than over adolescence. In many countries it is fruitless to seek similar agencies for older adolescents who can only be traced with difficulty through systematic tracing services, given the multiplicity of ways an adolescent passes through this phase (vocational training, work, study, etc.). The private or institutional psychiatry services are attended by young people only when they are referred there by other social supervisory agencies (medical officers from different authorities, juvenile courts, etc.).

1.2.2 Guidance and intervention agencies

For a number of years, there have been specialized administrative agencies in most countries for social, educational and psychological assistance to families or young people with deficiencies or handicaps, which make their social, educational and vocational integration a problem (Jugendamt, Office de la Jeunesse, youth departments, department of health and social security action groups, etc.). Frequently set up on a very hierarchical basis, such guidance services, whose object is to assist families in their educational tasks and young people in their personal and social development, depend very much on the welfare state as they form one of its outlets, and they provide individual assistance services which are felt as being very inadequate in protecting children and youth. Although many of these services have changed considerably over the last ten years, introducing successively, along with individual social work, group social work, street corner outreach counselling and community development, it nevertheless remains true that this approach is still inadequate in that the rate of spontaneous attendance at these departments reported from more or

less everywhere for young people (legal minors) is very low compared with the total number of requests from individuals (ranging from 3% to 8%, depending on the country).

1.2.3 Inadequacy of conventional agencies

Considerable psychological resistance, as well perhaps as specific obstacles, exist to prevent young people from turning for assistance to these agencies. Analysis of the obstacles stems fairly naturally from the functional, methodological and institutional descriptions of the new youth advisory services, where the attendance and spontaneous consultancy rates are out of all proportion to those of traditional services and agencies. The ill-suitedness of traditional agencies for spontaneous use of them by young people stems from numerous factors:

(a) the location of such agencies results from politicoeconomic planning and not from a study of priority urban areas for youth protection;

(b) the premises of such agencies meet the needs of rational, well organized administrative utilization, and not the needs of a clientèle whose life styles and aesthetic tastes may change from one month to another;

(c) their working hours are regular and often incompatible with the working hours of young employed individuals, who are themselves at work all day long, or those on the fringes of society, who live mostly by night;

(d) the reception system depends on the specific way in which the user submits his or her request and not on the condition of the young person who calls in to demand assistance while in the throes of an adolescent crisis;

(e) some of the methods employed err by an excessively technical approach, come to grief through too much professionalism, lead to dehumanizing activities or to bureaucratic practices not suited to the life situations of those who have need of advice or assistance; and

(f) finally the domain of treatment (in its widest sense) is made up of fragmented kingdoms, and the fragmentation of assistance is a more frequent phenomenon than the existence of true interdisciplinary work teams. It is by no means rare to see families or young people sent from one service to another in quick succession without anyone taking responsibility for them.

1.2.4 Role of the "drug phenomenon"

In addition to the fact of institutional inadequacy in dealing with the mental health problems of youth, we should add the slow growth in the use of drugs from 1966 onwards, which reached a peak in 1970, exactly at the

moment when most of the youth advisory services were created; there is no doubt that the phenomenon, with its close links with the world of young people, was decisive in the establishment of new forms of treatment provision. The use of drugs, undoubtedly a means of challenging parents, also constituted a challenge for the medicosocial services as a whole. Drug consumption laid the groundwork for criticism of outmoded methods, speeded up moves for change, and was greatly responsible for revealing, on the one hand, the lack of agencies suited to deal with the behaviour disturbances among youth and, on the other hand, the failure of conventional medical and social assistance in dealing with the new types of deviant behaviour.

The new advisory services keep up with trends in youth life styles and their consequences and adapt to cope with new requirements. Drug use is now only sixth on the statistics tables for attendance and consultancy in such agencies. To it have now been added the problems of running away from home, the consequences of uninformed, but relatively free sexual behaviour, housing problems, requests for legal assistance, the problems of the lonely with massive problems in contact, alcoholism; likewise, the province of a number of medical and social disciplines, but also symptomatic of the individual problems encountered by youth in a world displaying deep ambivalence towards them.

1.3 Pragmatic classification scheme

The innovative ability and originality of those who have been establishing youth advisory services make it difficult, if not hazardous, to lay down any exhaustive and defensive classification scheme. Without in any way claiming to establish such a classification for a domain which remains the province of the imagination and of creativeness, flexibility and mobility,¹ we think that it is nevertheless useful to make a brief list of the different functions of the different agencies visited, making up a functional classification of youth advisory services.

Based on our definitions of such services (see part I.3, page 4) we should note that a broad classification is largely justified by the confusion in terminology affecting this new area: some English terms have been misused to designate different services or have been used without prior definition, or with reference to original models whose copies they had nothing in common with, apart from the name.

¹ Proof of this is given by the fact that in the provisional definitions drawn up before the study, and our own classification made after it, certain minor differences may already be noted.

(a) Some services are designed solely to provide young people with documentation and information on the vast range of subjects concerning them. The extent of such information and its quality obviously depends on the resources of the agency, the quality and the number of its workers. Such agencies can thus aim at making use of information on all activities of direct interest to youth, such as schooling, vocational training, study courses, leisure, holidays, accommodation, entertainment and cultural events, etc. (Centre d'information et de documentation pour la jeunesse, Paris; and Infor-Jeunes, Brussels) or else specialize in information on a specific area, such as drug use.

In the same category, certain services should be noted which, in addition to the above-mentioned functions, act as publicity and hiring agencies for cultural events, entertainment for young people or events of interest to them (concerts, theatres, etc.,). They act as a central dissemination point for all information on the subject and offer cheap tickets for young people (Jugendkiosk, Frankfurt).

(b) A second category covers services which appear to the outside world to be information services, but which are in actual fact advisory agencies. Their information function is important because they enable the service and its users not to be labelled or catalogued in the public eye. It also provides a rational justification for many young people to consult the agency, providing them with an alibi and enabling the skilled staff employed by it often to go further than the explicitly stated request for information, so as to advise the young person as regards educational specialization, vocational training work, leisure, etc. Such information is designed as a preliminary, permitting access through individual conversations through the implicit request of the young person, something which has been noted as existing, for example, in more than 60% of all cases of those attending the Infor-Centre, Vienna. The option also provides the young person with an opportunity to test for himself the reception he encounters in the service and the value of the worker he meets.

The professional qualifications of those working in such services allow, where necessary, regular talks with a social treatment goal in view, taking account of what needs are expressed and what is the choice made by the young people.

(c) Advisory services proper have generally arisen out of initiatives by workers or former workers in the social services, whose activities related primarily to the family and children, within the framework of departments or ministries of justice, education or public health. So as to act only in response to a request (rejection of formal social assistance intervention), such social workers no longer act with an administrative or legal mandate, but are available for parents and young people in response to any request for aid or for social counselling or guidance (problems of parent and child relationships,

family conflicts, consequences of legal or de facto separation in the family, runaways, drug use, delinquency, etc.,). Trained in social intervention or guidance with family groups or with adolescents, the workers in advisory services act primarily in crisis situations (creating the demand), then decide together with the user (or all those concerned, e.g., parents) of how to deal with problems raised: talks on social integration problems or treatment, material assistance, referral or information on the location of other specialized medicosocial or psychiatric services.

(d) The only type of youth advisory service without a specific geographically located strategic backup facility, street corner services or outreach groups tend to develop their activities before certain advisory services are resorted to (Cordée du Bel-Air, Paris) or sometimes in close connexion with the latter (l'Abbaye, Paris; Jugendamt, Mannheim). Teams of specialized youth guidance workers may be supplemented by other professionals such as physicians, lawyers, psychologists, who go out to reach young people in places they frequent outside the school, family and work, i.e., street corners and places open to the public. This type of activity is chiefly aimed at those young people living on the fringes of society or outside of it, delinquents or potential delinquents having a high risk of deviant behaviour or of becoming recidivists. There is a counselling and, therefore, preventive, in the widest sense of the word, object in having such youth workers present among young people: it enables certain young people to get into contact with qualified adults and in consequence provides access to specialized services available through a wide range of agencies (direct outreach referral); it permits group social therapy to be conducted in a spontaneous setting and allows social guidance to be conducted, to reintegrate some young people into their vocations, schooling, family or more generally into society.

(e) In a fifth category should be grouped agencies established to provide an immediate response to certain specific requests for assistance. These consist of reception and accommodation services providing young people with places to sleep (Sleep-In), which are temporary refuges rather than primitive hotels (Notschlafstelle, Basle), and places offering work for wages (Atelier des Equipes d'Amitié, Paris). Such services not only possess qualified staff (social workers) in a position to take advantage of the situation to press the young person into requesting such assistance so as to help in solving the problems he is temporarily faced with (running away, seeking accommodation or lodgings, etc.,). In such situations, the material assistance requested by the young person provides the grounds for individual counselling by the service, or in collaboration with other bodies (for example, augmenting the work of the medical services) while an addict is being weaned from drugs on an outpatient basis.

(f) Psychosocial advisory services, often in conjunction with mental health services (social health dispensaries or special schools), have originated in and grown out of different types of institution, providing assistance in this sector, but free from conventional approaches. The high degree of occupational skills among team members and respect for the professionalism of the treatment methods they employ have caused these services to be used as open centres for consultation on psychological and social aid before having recourse to mental health hospital and outpatient services. They are designed to meet the needs of their users who attend them in crisis situations. Such services normally provide only short-term therapy. They may be specialized according to the type of user (adolescents, students, young parents, etc.) for whom they are designed (for example, Psycho-Jeunes Belliard/Brussels).

(g) General medical services of the free-clinic type come into a category of their own. They are staffed primarily by medical personnel (doctors and nurses) and aim to provide qualified medical assistance for young people or an entire district, with maximum access and no administrative formalities, waiting periods, etc. Such services stress the relationship between patient and doctor, and fully acknowledge the freedom and independence of certain groups of patients (minors, young women faced with the problem of abortion, drug addicts, etc.) and are, in the ultimate analysis, based on a new concept of social medicine (Free Clinic, Heidelberg; l' Abbaye, Paris). These services have grown out of the preventive aspect of their medical assistance. They often extend the provision of care by providing guidance or information of a preventive nature, chiefly in the following areas: venereal diseases, sex education, contraception, drugs. Some of them possess laboratories, or at least laboratory equipment, enabling them to carry out fast analyses or tests. They dispense medicines free of charge when they can obtain and stock them.

(h) There also exist hospital treatment centres organized medically like any other clinic or hospital ward, but which, because of their specialty and the type of patients they treat, have had to develop medical consultancy services prior to treatment or after hospitalization. So as to safeguard the specialized medical identity of treatment in institutions, these open surgeries and consultation facilities take place on the hospital premises themselves. This practice enables the real reason for treatment to be better tested, particularly in relation to drug taking and alcoholism. Obviously, such departments and hospital centres are closely linked to the general concept of youth advisory services in numerous aspects of their organization, methods and objectives (Marmottan, Paris).

(i) It would be wrong to see in these services the fragmented impression conveyed by the present classification scheme. It should, therefore, be noted that some bodies, private or public, have

succeeded or are in the process of obtaining an overall view of assistance and advisory services for young people. Although it may be unusual to see the integration of several services (or functions) such as those listed above in a single institution located at a single geographical centre, it is fairly common to see a private association or public service succeeding in synchronizing and coordinating a number of complementary services in an efficient manner.¹ Such services are not isolated, but consist of different links forming a chain of institutions, each offering young people certain assistance, advisory or care services, whose common effect is overall guidance. One example of this is the Infor-Jeunes service in Brussels, made up of different advisory, information, and care departments, or the Basle Jugendamt, which consist of a specialized surgery for drug addicts and alcoholics (called Drop-In) a youth advisory service, a temporary accommodation service (Sleep-In), a crafts workshop and a team of street corner counsellors.

Any classification scheme only fits in with the real world if there are exceptions to the rule. One such exception which it would be difficult to group with the above-mentioned categories, is the Bureau d'Accueil des Jeunes (Youth Reception Office) which comes under the auspices of the Paris Police Youth Protection Squad. The office provides young people with information on the law and legal matters, administration problems; it can help in certain procedures; in finding solutions to urgent accommodation problems, etc. Its unquestioned role of authority enables it to intervene in certain family situations with the aim of preventing problems, so as to use amicable solutions for some family conflicts (running away from home, neglect, minor cases of maltreatment) to avoid having recourse to legal injunctions.

Finally, the above classification scheme clearly demonstrates the principal features of such services: wide open to the world of the young, they all try to reach out to where the latter can be found and to make available to them solutions. The information they provide ranges from the ages at which different rights are acquired by young people to morphine independence cures, and includes such matters as the choice of organized leisure activities.

2. Youth advisory services

2.1 General characteristics

2.1.1 Siting

Most advisory services whose activities are not governed by particular needs in respect of premises (medicohospital services) have tried to reach

¹ Cf. Annexes I and II

out into the urban areas frequented by young people; town centres (Jugendkiosk, Frankfurt), areas with many educational establishments (Psycho-Jeunes Belliard, Brussels), centres of the drug trade (L' Abbaye, Paris) or old and lively parts of cities (Drop-In, Basle).

In this respect, the siting of the Abbaye Free Clinic, Paris, seems a particularly good example. Designed first of all to meet the needs of drug addicts and inhabitants of the area on the fringes of society, it is located in one of the most inflammable spots of Paris between the Place Saint-Michel (Latin Quarter) and Saint Germain des Prés, two steps from the chief point at which drugs are sold and from areas where young people on the fringes of society gather.

The rational siting of such centres, in other words, would seem to be a reasonable approach in getting closer to young people and therefore to make their use of such services physically easier. It also helps in obtaining recognition of the need for a community service, where it is needed, capable of providing assistance to those who go looking for one. Community problems, in the broadest sense, can thereby find solutions in the very spot where they are generated. This latter consequence, of siting a place after preliminary study in accordance with needs, is of prime importance in that it can help in encouraging responsible attitudes among groups (high school students, drug addicts, delinquents, etc.) on problems caused by the group itself or symptomized by it. The importance, and perhaps even the efficiency as a preventive method, of having a specialized treatment service for drug addicts located right at the heart of drug-pushing zones, (i.e., the geographical area where small-scale pushers and users are to be found) seems to be radically different from those governing a similar institution, but located in a residential or industrial area. A youth information service will not only be better attended, but better understood if it is placed in an area where young students or workers, for whom it has been set up, congregate or pass by. The most important approach is literally the one which the street corner outreach groups use, going out to meet young people at the corners where they gather, or seeking them out in places open to the public.

2.1.2 Premises

The strange similarity of the premises occupied by youth advisory services in different countries is striking. Most of them obviously make a virtue of necessity, by occupying old apartments or more or less tumble-down buildings, for financial reasons. Nevertheless, such premises seem to correspond more to what young people are looking for when they come to such premises rather than do the antiseptic apartments or premises of some modern buildings. Infor-Jeunes, Brussels, has gone so far, in this paradoxical scheme of things, as occupying a seventeenth century building, decorated with luxuriant baroque carved panelling and hand-painted china, but the attendance rate has not fallen since it moved there. On the contrary, young people seem perfectly at their ease. The Heidelberg Free Clinic is in very rough-and-ready quarters in a disused industrial warehouse,

which apparently serves only to increase its success. On the other hand, it should be admitted that the premises chosen often provide an opportunity for different ways of arranging the lay-out, this resulting from the fact that they consist of flexible settings capable of being altered at whim, on the desire, or in accordance with the needs of the people who work there, as well as of its users. It would seem that only old premises provide such a possibility without running the risk of disputes with management or owners often not very likely to understand the usefulness or need for such services.

The premises of most such centres are painted and carpeted in craft style (by young people) and decorated in psychedelic manner with posters, lamps with tinted shades, warm colours, old reupholstered and painted furniture, and this impression is enhanced by a background of recent pop music. More than others, youth advisory services have been able to show that they are particularly receptive and sensitive to social changes affecting the life style of young people, particularly with regard to their aesthetic tastes and their sense of a warm and human life style. The functional nature of metal, reinforced concrete and glass, is of little relevance to them and the importance to be attached to the surroundings in which a young person is received should not be underestimated. By looking at a few bedrooms of young people and adolescents with their free decoration, or at the apartments of young married couples or communes, or the interiors of meeting places for adolescents, it is easy to see that there are new canons governing interior decoration so far as young people are concerned. Most youth advisory services fall in with this, realizing how important it can be for attendance.

2.1.3 Opening hours

Here again, the organization of most services bears witness to the fact that it has adapted to fit in with the needs of its users. Certain reception and accommodation centres are open day and night (Centre du Levant, Lausanne) offering permanent facilities for assistance. In the same way some information and advisory centres provide round-the-clock telephone services (Infor-Jeunes, Brussels). Finally, the vast majority of such services and centres have opening hours from 9.00 a.m. to 11.00 p.m., most of them being open at the end of the afternoon (Info-Jeugd, Ghent) or in the evening (Abbaye Free Clinic, Paris). All this permits attendance at them by young workers, apprentices or students, and also corresponds to the life style of many of those on the fringes of society, which is often nocturnal.

2.1.4 Staffing

It might properly be said that in advisory services the entire range of occupations coming under the heading of social assistance can be found: doctors (general medicine and different specialties), psychiatrists, psychologists, social workers, specialized counsellors, and nurses. At the same time, the make-up of teams obviously varies according to the prime services provided. The free clinics consist primarily of members of the health

professions, to which should be added social workers, educators, and psychologists, while in the advisory or information services, there is a clear predominance of psychologists and social workers. Once again, no hard and fast rules can be laid down and it is important to note the not merely multidisciplinary, but interdisciplinary nature of the teams, which presupposes close participation by each member in cases, good coordination and, most importantly, the integration of methods proper to each constituent discipline. Teams are generally small in number and range from two to eight persons.

Although the services may have arisen from spontaneous voluntary initiatives based on community solidarity, it is important to understand the shades of meaning involved, by stressing that all the services or centres visited, without exception, were headed by fully competent professionals or had a majority of their members with professional qualifications or studying one of the specialties listed above. It is important to state this since it considerably reduces the relevance of the criticism made that members of some advisory services do not have the professional competence to deal with mental health problems.

This is not to say that volunteers, i.e., persons without any professional training in the social assistance field, are not employed in these services, particularly in the advisory centres (Infor-Jeunes, Brussels; Drogen-und Beranungsstelle, Heidelberg) and some advisory or assistance services and centres often have recourse to outside personnel to supplement their activities. Thus, temporary accommodation can be provided by a family (Marmottan, Paris), work can be provided through the good offices of an understanding employer (Atelier des Equipes d'Amitié, Paris), legal assistance can be provided by a lawyer in contact with the service or centre, which refers to him a young person who has problems with the police or courts, craftsmen or artists can initiate creative activity groups for therapeutic purposes (Levant, Lausanne). But this use of volunteers seems to create particular problems whenever the volunteers fail to understand what is required of them, i.e., to limit themselves primarily to maintaining their social role as heads of families, employers, lawyers, artists or craftsmen, and not to allow themselves to become social workers, educators or psychologists on the cheap.

Volunteers should be well informed about the contribution they can make and of their limitations. In this, they require to be given the proper professional backing, which, at the price of risking failure in the positive contribution which their services can provide, and of disillusioning them through the failures which they can encounter, should not be underestimated.

The problem raised by incorporating former drug users in teams of specialized services and centres for drug addicts is still more delicate and causes much controversy. Some services have brought former "junkies" into their teams, but these are comparatively few in number. It seems,

incidentally, that the justification for this policy is primarily the therapy it provides for the "ex-junkies" themselves.

Finally, these services and centres can often be seen to have great success at training schools for social assistants and youth guidance workers, whose students come to them to carry out practical training (Info-Jeugd, Ghent). The same is true for psychology and for other human sciences such as sociology and law, students of which can be found in these services (Infor-Jeunes, Brussels). Student nurses and some medical students also work at open reception centres (Free Clinic, Heidelberg; Abbaye Free Clinic, Paris; Infor-Jeunes Free Clinic, Brussels). It is also worthwhile noting the experiment carried out at the Fernand Widal Hospital in Paris, designed to linking periods of practical work closely with the teaching of social medicine and consisting in allocating prevention and tracing work to medical students in a neighbourhood reception centre for gravely disturbed young people or those with psychotic disorders.

On average, advisory services' staff range in age from 20 to 35 and in certain of them, young people themselves have a major place in work teams, something which is clearly shown in the charter of the Infor-Jeunes Group, Belgium, or in one of the slogans issued by the Centre d'Infor-mation et de Documentation pour les Jeunes de Paris ("Information by the young for the young").

Finally, we should note that the work teams may be made up of members working full-time or part-time, sometimes even providing their services free of charge; the Brussels Infor-Jeunes Free Clinic has 26 staff, all coming from the medical professions, and all giving one evening's free consultation per week.

2.1.5 Administration and organization

The organizational principles of advisory services are extremely flexible and have very little hierarchy. Most of them consist of interdisciplinary working communities where each member, without exception, has a part to play in managing the service. At the same time, it should be noted that this type of organization is only possible because the teams are generally quite small and because major services such as Infor-Jeunes, Brussels, where more than 200 people work, are broken down into different branches (the free clinic, leisure activities, employment, accommodation etc.). Another feature of the advisory services seems to be the implicit interchangeability of different members of some of the work-teams. Thus, reception round-the-clock telephone services can be provided on a shift basis by each of the team members, whose personal qualities are sometimes more decisive for their functions than are their given training qualifications.

Decisions on the way in which services operate, together with their policies, methods, and development, are discussed as a team; moreover, in some of them, a committee is responsible for the smooth running of the service or centre in relation to the outside world. These committees

often have a decisive part to play in relation to the political authorities, the police, and the department of justice allowing them to be established and operated. To a large extent, they also ensure the financing of the services. The committees are generally composed of influential individuals from administrations, the churches, or liberal professions (physicians, lawyers) who, to some extent, ensure the judicious use of public subsidies or private donations and act as guarantors for the professional activities of the services that they support.

2.1.6 Users and their problems

As a general rule, the advisory services deal with young people ranging from 13 to 25 years of age. One service reported statistics by age-group clearly showing that the most numerous age-group represented is between 16 and 25 (Beratungsstelle, Jugendamt, Mannheim, 1973).

15 years or under,	9%
16 to 18 years,	26%
19 to 25 years,	50%
26 to 45 years,	14% (the last category consisting chiefly of parents)

These figures are approximately the same in most services visited (the Brussels Infor-Jeunes Free Clinic, the Infor-Center, Vienna, and the Jongeren Advies Centrum, Louvain).

The problems raised by the young are of all types, but an attempt can be made to list the chief of them:

- (1) relations between parents and children (generation conflict);
- (2) information which families and schools do not provide at all or do so poorly (sex life, contraception, drugs);
- (3) information on studies, leisure activities, travel, military service (and the ways of avoiding it, in countries where nonmilitary national service is recognized);
- (4) conflicts between the young and the police or the judiciary (legal problems linked with delinquency);
- (5) escapist behaviour (running away from home, from hostels for young workers, from juvenile delinquent centres or from mental hospitals);
- (6) failures in education or in jobs;
- (7) existential problems, problems of relationship, self-denigration, loneliness, lack of confidence, depressive state, suicidal tendencies;

- (8) psychological and psychosomatic problems: disturbances of sleep, feeding, sex life, inability to concentrate;
- (9) addiction to drugs, including alcoholism and abuse of medicines and pharmaceuticals, including somatic effects from the use of drugs (viral hepatitis, infections, general weakness, parasitic diseases);
- (10) dependence on illegal drugs (particularly those with an opium base);
- (11) unwanted pregnancies; venereal diseases and other genital infections and conditions.

2.2 Guiding principles

2.2.1 Major principles

(a) One of the prime basic aims leading to the establishment of youth advisory services has definitely been a desire for independence and to make social community action and mental health activities free of the authorities dominant in these sectors, but which represent, practise or encourage overall policies that have been challenged or are considered to be confused in many spheres (accommodation, alcohol and drug use, training for employment, work in general, public health, education), all of which are matters which affect the young, their living conditions and their choices. The aim is to give greater freedom of action for medicosocial work by increasing the range of approaches and solutions available for individual situations, particularly by employing "alternative" formula to replace traditional solutions (placing individuals in a family home rather than having them sent to delinquent retraining centres, community-based care and treatment rather than chemotherapy, etc.). This goal obviously works on the hypothesis that new methods of care are possible in the community and implies that members of the community will radically alter their attitude to those who diverge from the norm by lowering their tolerance threshold in relation to the latter and willing to assume treatment responsibilities within their individual capacities. The latter idea appears to be of great importance in many of those services which are directly aimed at overall action on entire given communities (community development). It is a clear consequence of their geographical siting, of their efforts to obtain integration and acceptance in a particular district of a city or a suburb, from their frequent recourse to sympathizers outside the service (employers, reception, families, communes), sometimes even of the involvement of working teams in local political activities aimed at improving living conditions in a district of a town or in a town as a whole (tenants' rights, preservation of green areas, establishment of kindergartens and play groups). In it can obviously be seen a repetition of Community Centers in the United States during the 1920-1930 period.

(b) Another major principle would seem to be the better knowledge sought by youth advisory service teams of the real living conditions of the young

and, therefore, of their day-to-day problems so as to fit in with their needs and, if possible, to carry out preventive activities. The same objective is also obtained by the work of the services being, in some way, integrated into the community, thereby establishing a closer understanding of social phenomena among those entrusted with solving problem situations (particular example: street corner outreach groups). As regards preventive activities, members of youth advisory services frequently take part in discussions at schools, in church parishes, parents' associations or neighbourhood bodies. There they put forward the current problems facing young people, such as sex education, the use of drugs or alcoholism, using the meetings to awaken their audiences to the need for primary prevention, based on specialist experience.

(c) Due importance should also be attached to one basic procedure used by advisory services, whereby direct and spontaneous moves to obtain assistance, advice or care in social or health problem situations are recognized as having a particularly favourable success rate as regards treatment. This also involves conceding that once access to the services has been thrown open, the problems faced by young people are great enough to induce them to use the services and centres, given their nearness, the simpleness of the reception procedures, and the favourable reputation of the services they provide. Thus, there is held to exist a point of mental, physiological or social imbalance exactly equivalent to the "access threshold" of the new advisory services and leading to spontaneous and voluntary requests for assistance.

(d) Carl Roger's approach to the provision of assistance, which sums up adequately the attitude of advisory services, obviously presupposes a clearly stated respect for the decisions and choices made by the young. Initially, young people are brought face to face with their real situations and problems by interview techniques, then different solutions are studied in close collaboration with the clients who can then choose the treatment which seems most suited to them. Thus, a move is made away from tutelary assistance towards a contractual approach to treatment, thereby harking back to an older meaning of the word "to treat with someone" or to undertake negotiations with one's peers or equals and not with representatives or delegates respectful of the authority delegated to them.

2.2.2 Secondary principles

To the foregoing should be added a number of principles which are obviously important, but are less so than independence, the assumption of community responsibility, spontaneous demand, and negotiated treatment. These are that assistance should be free of charge (except for accommodation services, where overnight stays must be paid, and free clinics which are reimbursed by sickness insurance schemes), anonymity

or guaranteed secrecy for young people,¹ the versatility of those working in the services (interdisciplinary activities) working where necessary with other medicosocial institutions.

It also seems worth noting that all the services and centres visited had organized publicity campaigns to publicize their existence and their activities (radio, television, posters, flysheets, etc.) something which is completely new to medicosocial assistance. Even medical centres have done so, for example, Marmottan (Paris) in the underground press, and Belliard Psycho-Jeunes (Brussels) by poster. This has led to positive results since a survey has reported that 98% of the young population of Brussels knows of the existence of Infor-Jeunes.

In conclusion it should be noted that these principles are given more or less stress, are more or less explicit or implicit in all the youth advisory services visited;² they provide it with a springboard for action and perhaps represent a charter for new forms of social intervention.

2.3 Services and assistance provided

The assistance provided naturally varies according to the main sphere of activities of a given service. The different services can be broken down into three groups:

(a) Information and documentation services, organized as permanent reception centres catering for between 30 (Infor-Center, Vienna) to 1200 (Centre d'Information et de Documentation pour la Jeunesse, Paris) young people per day. They have staff trained in information-gathering, using files and extensive documentation, to be made available to the young people according to the subjects they are interested in. They also possess directly accessible documents set out in alphabetical order, for example, for professions, countries, training schools (Infor-Jeunes, Brussels). In such centres, particular care is attached to the way in which young people are received.

(b) Psychosocial counselling and intervention services which aim at providing a more personal and individual reception, allowing the young people to have confidential interviews with one of the service staff. Right from the first contact, interview techniques are used to make it easier for the young person to express his need so as to obtain a provisional diagnosis which can result in proposals tailored to his needs, or state, but obviously also to the capacity of the service.

¹ The right of social workers to protect their professional secrets, although still not recognized by the legal codes of countries visited, nevertheless forms part of forthcoming legislative reform projects in many countries.

²

i.e. by the author of this portion of the report.

These proposals can range from simple provision of accommodation lists to proposals for follow-up interviews with psychotherapy as a goal. The range of facilities provided also depends on working methods; some services have a broad range of activities from traditional social work, through individual group therapy, to social group work, crafts or art activities, groups for bodily or verbal expression, etc. Centres and services which are predominantly psychological generally aim at providing short-term treatment of the psycho-therapeutic type relating to localized and small-scale conflicts (Belliard Psycho-Jeunes, Brussels). The approach provided in assistance can be purely of an educational nature or it can be of a socioconsultative type, such as that practised by street corner outreach groups. This type of assistance can be provided for one or a number of persons (one young unattached individual, parents and employer, or reception family). In certain cases, the service or centre, whose scope is limited, cannot provide treatment and resorts to some kind of referral arrangement, suggesting to the young person concerned one or another given approach to his or her problem. Here, key importance is to be attached to the personal links maintained by members of advisory services with colleagues at better endowed or more specialized centres or services, or ones having access to private consultants (psychiatrists, doctors, lawyers, etc.). The young person must in no case be sent on simply from one institution to another, but must be recommended by someone to a given person at another centre.

(c) Medically oriented services or centres with proper round-the-clock facilities and available for consultation in cases of emergency (overdose, attempted suicide) as well as being designed as mental health polyclinics (Drop-In I, Zurich). They meet requests for care in crisis situations and also undertake outpatient treatment such as chemotherapy, supportive psychiatry or group therapy. It should also be mentioned that the Heidelberg Free Clinic can run laboratory tests (liver, kidneys, venereal diseases, bacteriology, pregnancy tests) and has established a dental surgery. Finally, it should be noted that the Abbaye Free Clinic, Paris, and the Infor-Jeunes Free Clinic, Brussels, have carried out outpatient disintoxication of drug addicts, but with limited success.

After making this study, it was surprising to realize that it is not the facilities provided by the services which are really original, for services existing before 1970 already provided most of the facilities described above and utilized the same methods. The novelty of the service lies much more in the way they approach young people, a fact seen in numerous spheres and hence having a multiple impact. Their effect has been to increase the number of forward observation and assistance posts in areas of social turmoil, thereby making it easier to carry out on-the-spot tracing and diagnosis of behavioural disturbances or social handicaps. Moreover, the necessary assistance can sometimes be administered at the very spot where it is reported (social guidance in a natural setting by street corner outreach

counsellors) or through a neighbourhood centre. The originality of this approach has been in a breaking-down of hierarchical structures, which is not entirely in line with the sectoral concept of mental health services, but which brings in assistance, reception and treatment networks to areas hitherto uncovered or to a great extent not properly covered. As background to the areas of impact (street corner outreach programmes, drop-in, free clinics, Info-Jeugd), the prospects it provides for continuing care and rendering it more comprehensive should be noted, which, in particular, stem from the setting up of multiple-choice and relatively comprehensive systems including, for example, (Abbaye, Paris) a street corner outreach programme, a preventive health club (Centre d'occupation dirigée), a free clinic, reception and accommodation centres, and therapeutic communities.¹ The Abbaye is not unique of its kind, since the same pattern is also encountered in Basle (outreach groups, advisory services, the drop-in, the sleep-in, workshop) and in Mannheim (outreach groups, Beratungsstelle, therapeutic community), and since the establishment of an overall system of assistance offering a wide range of options remains the goal of all the services and centres visited, even if it has yet to be achieved (Bureau Information Jeunesse, Vienna; Jugendamt, Frankfurt; Infor-Jeunes, Brussels). The originality of the new services and centres therefore consists on the one hand of bringing medicosocial facilities into twilight zones where they were hitherto not provided, and on the other of reducing to a minimum the excessive gap sometimes separating different phases of care in social assistance work from medical or psychiatric assistance.

The novelty of the youth advisory services would therefore seem to reside not in the treatment provided, but rather in the way in which they provide a fresh light on overall possible approaches to young people's problems, which is in keeping with real life and which opens the door to the necessary reforms by offering new techniques for medical, social and guidance systems.

2.4 Legal situation and financial basis

Two types of service may be distinguished as models according to whether they stem legally from private associations or are established by a state or public administration.

(a) Half of the services and centres visited were based on private non-profit making associations. Their activities are funded out of private endowments or allocations and municipal or state grants, which are frequently supplemented by donations in kind, as regards premises for example (Infor-Jeunes, Brussels; the Abbaye, Paris). Even where state financial support has been necessary since the outset, these centres and services have tried to establish a legally independent association so as to create some distance between them and the public authorities (Levant, Lausanne).

¹ Cf. Annexes I and II

Even though it should be noted that efforts by some associations to bring this form of assistance totally under private control have nearly always ended in failure, since sooner or later recourse has had to be made to the State for grants-in-aid to continue the activities embarked upon, nevertheless, these theoretically independent associations play their part vis-à-vis the outside world to perfection and have sufficed to guarantee the independence of the service or services managed by them. Only one association (Bureau Information Jeunesse, Vienna) has succeeded in turning its financial basis into a matter of community development and solidarity proposition. Its finance is provided by private individuals who are directly interested in the effort and who themselves play an active part in it (reception families, employers taking on young people in their firms).

(b) The other services or centres visited are directly operated by public authorities, medical or social assistance services, etc., without legal intermediaries. Their staff form part of the civil service and they are paid as, and enjoy the status of, civil servants. In such cases it seems clear that the proper conduct of the new services, under state control and parallel with other medico-social assistance facilities has been ensured through the understanding and openness of mind of the administrative and political authorities. Certain problems come up, but these services seem to be as well attended as those belonging to private associations. This means that administrations are therefore, to a large extent, permitting new and original initiatives and the success of services directly provided by the State proves that public assistance (in the widest sense) has not entirely lost its credibility in the public mind, or among young people in particular (Marmottan, Paris; Drop-In I, Zurich; Info-Center, Vienna). Even a service like the Bureau d'Accueil des Jeunes (Youth Reception Office) operated by the Paris Prefecture of Police, has dealt with one thousand young people in two years who have come entirely of their own accord, of whom, it is interesting to note, 30% had already experienced difficulties with the police or with the judicial authorities (for example, juvenile courts).

This only goes to show, if there is any more need to do so, that personal qualities in flexible and humane institutional frameworks which enable them to be freely expressed are more important than the official status of the service or centre (whether State or private) and are more important than the professional and personal qualifications of their staffs.

2.5 Reflections on prevention and evaluation

As regards the preventive role of the new youth advisory services, it first needs to be asked what the goals of such prevention are: juvenile delinquency, psychosomatic disorders, communicable diseases, psychiatric disorders (neuroses, psychoses). At the same time, it is very difficult to identify them with any accuracy.

The apparent ambiguity involved is based primarily on the fact that the services accept the young person as he is. It is not based on his condition or on technical aspects related to his behaviour or disturbances, but on his personality, and it should let itself moreover be guided by his request for assistance and by his own choice rather than by theoretical preventive goals. An additional reason is the fact that the limits of diagnosis are only given weight in so far as they are symptomatic of what for drug addicts has been called "the problem of non-unhappiness". This is a concept that can be extended to embrace all physical, physiological, psychiatric and social handicaps that lead the young person into difficulties with himself or his surroundings, and themselves engender an imbalance resulting in a conflict situation which can only be solved by calling on outside help (information, advice, psychotherapeutic counselling, chemotherapy).

It follows that in viewing advisory services as a whole, prevention must be as broadly based as possible and modelled on a definition of mental health in extenso.¹ It is a type of prevention that attempts to deal with disability, temporary or prolonged rejection of social adjustment and, in particular, with different types of unbalanced personality which lead to states of discomfort or frustration that cannot be reduced, neutralized or repressed without outside assistance.

Advisory services come into play at three different levels of prevention:

(a) Primary prevention: by undertaking action at local level, within a given neighbourhood, in relation to a given group of young people (high school students, apprentices, young workers) or certain problems (drugs, sex). The services and centres here look for solutions to prevent social maladjustment and personal disequilibrium, partly by providing all types of information but also by producing new community solutions to the problems.

(b) Secondary prevention: at this level, services and centres assist in early tracing and diagnosis of maladjustment or behavioural disturbances heralding more serious problems. They do this by the double impact of their youth-orientation and the provision of specialized facilities at an earlier stage (street-corner outreach, Drop-In). The same applies to physical health, where the most striking example is the Heidelberg Free Clinic, treating some 70 young people per month who only attend it because they believe, although they are not sure, that they have contracted a venereal disease; in 20 cases on

¹ Under this definition, mental health is not concerned solely with the eradication or neutralization of pathogenic factors but extends to cover social or community aspects linked, inter alia, to education, occupation and emotions, and to leisure activities.

average, laboratory tests confirmed the suspected disease (usually gonorrhoea). It would be interesting to compare this percentage of positive results (28.5%) in relation to all demands with data from polyclinics or departments of diseases of the skin.

Intervention during crises of adolescence, which is helped and fostered by the development of advisory services, belongs also to secondary prevention: "It consists of early assistance to persons in psychological or social difficulties, at crucial moments when their health is particularly at risk", assistance which is made possible only by a lowering of "treatment barriers".¹

(c) Tertiary prevention: since at this level, preventive activities try to reduce the impact of a social, physiological or mental handicap or prevent repetitions of disturbances, it would seem to be limited to those advisory services capable of carrying out medium-term treatment activities (Marmottan, Paris; Drop-In II, Zurich), which none of them are able to provide. In practice it appears useful to recall that as soon as priority is given to personal and individual aspects of interaction and where there is a chance of emotional links being established between the user and a member of the service staff choosing one another through mutual affinity, it should be possible to carry out longer-term activities if they are justified; otherwise recourse must be had to strict referral, while ruling out tertiary prevention activity right from the initial diagnosis. This is the type of honesty and self-discipline which should be maintained for those who use such services.

Scientific evaluation of the preventive work carried out by youth advisory services seems a particularly intractable problem since it would be hampered by the same methodological difficulties as have been encountered in all preventive research undertaken for many decades; the basic problem consists in defining the very notion of success or positive outcome, and leads straight to the problem that the chief criteria for a successful outcome have to be separated out from a multitude of variables which for the most part do not lend themselves to any scientific evaluation.

Nevertheless, attendance figures still convey an idea of the success of the services and thus also show up the real gaps in institutions or the lack of facilities in areas of interest to young people. Some figures, by type of service, are given below by way of example:

¹ Van Reeth, P.C. Au-delà de l'extra-hospitalier: l'extra-psychiatrique. WHO course on integrated psychiatric services (mimeographed document) 1973

(a) Information services

Centre d'Information et de Documentation pour la Jeunesse (Youth Information and Documentation Centre), Paris	1200 young people and others seen, average daily attendance
Infor-Jeunes, Brussels (1973)	85 000 young people per year
Jugendkiosk, Frankfurt (Nov.73-Feb.74)	15 000 in four months
Infor-Center, Vienna (1973, first year of its existence)	3000 in eight months

(b) Advisory and treatment services

Drop-In I and II, Zurich (1973)	6400 attendances
Jongeren Advies Centrum, Louvain (1973)	2000 young persons in one year
Drogen und Jugendberatungsstelle (Drugs and Advice Centre), Heidelberg	5-40 attendances per day
Street-corner outreach group (10 persons) Cordée du Bel-Air, Paris (1969)	In more or less regular contact with 800 young persons

(c) Free Clinics

Heidelberg (1973)	1500 new patients in one year
Abbaye, Paris	2000 new patients in two years
Infor-Jeunes, Brussels (1973)	12 000 attendances

To these high figures, showing the scale of spontaneous voluntary attendance at such services and centres, we should add the percentages known (from two centres) for repeated attendances. These also bear out the support enjoyed by such services among young persons and their capacity for engaging in preventive activities at the three levels described above, particularly as regards secondary prevention (assistance in times of crisis justifying one or two attendances):

Free Clinic, Heidelberg (1973):

1 attendance	36%
2 attendances	18%
more than 3 attendances	44%

Psycho-Jeunes Belliard, Brussels (1973):

1 attendance	50%
2 to 4 attendances	40%
5 or more attendances	10%

To judge the activity of such services or centres presupposes ridding ourselves of the idea that prevention should be based solely on adjusting the young person to fit in with the given social structure of the times. In any case, how would it be possible to force on the client adjustment to a society considered by him or her as being in disarray and whose reality frequently changes faster than the person who would like to adapt to it? "The young person must be able, through a structured and balanced personality, to deal with and solve conflicts and tensions resulting partly from his social experience, so as to make choices which are as free and consciously arrived at as possible".¹ This type of prevention is the aim of most of the advisory services for young people.

2.6 Conclusions

Conclusions would seem particularly difficult to arrive at in an area where it can be noted that everything is constantly being questioned, criticized and discussed by the consumers using services as well as by those who operate them. Leading a day-to-day existence governed by the dynamics of permanent flux, youth advisory services can only show a frozen image at one point in time, which could already be considerably changed by the morrow. As we were told by someone: "these services are like flowers, which bloom only to wither"; they are born in enthusiasm, manage to function through the personal commitment and sometimes the idealism of a few of those who maintain them in being, and are suddenly defeated, not by the day-to-day difficulties of working with youth, but by the financial obstacles they run into resulting from insecure budgets. This is at least true for the private centres. At the same time there is nothing to show that only long-lasting institutions arouse the interest of the young. In all honesty it should be recognized that these new bodies contain an implicit criticism of conventional youth protection services, and that they show up the absence of mental health services specifically for adolescents, whose status goes unrecognized.

As regards the future trends heralded by the new services, some concluding remarks appear to be in order.

In the first place, we would like to note that the complexity of community life and its institutions is such that in the present day, information is required in numerous areas, particularly for young persons who are faced with important and often decisive choices (lifestyle, work, studies,

¹Stoop, G. (1974) Le mouvement Infor-Jeunes. In: Centre d'Etude de la Délinquance juvénile, Voies nouvelles de Prévention, Neuvième Colloque, Namur, 15-16 mars 1974, Bruxelles (Publication No. 35)

medical care). The motto (1974) of Infor-Jeunes, Brussels, showed this perfectly clearly: "to know better how is to be better able", to which could be added the phrase "and to be able to choose better".

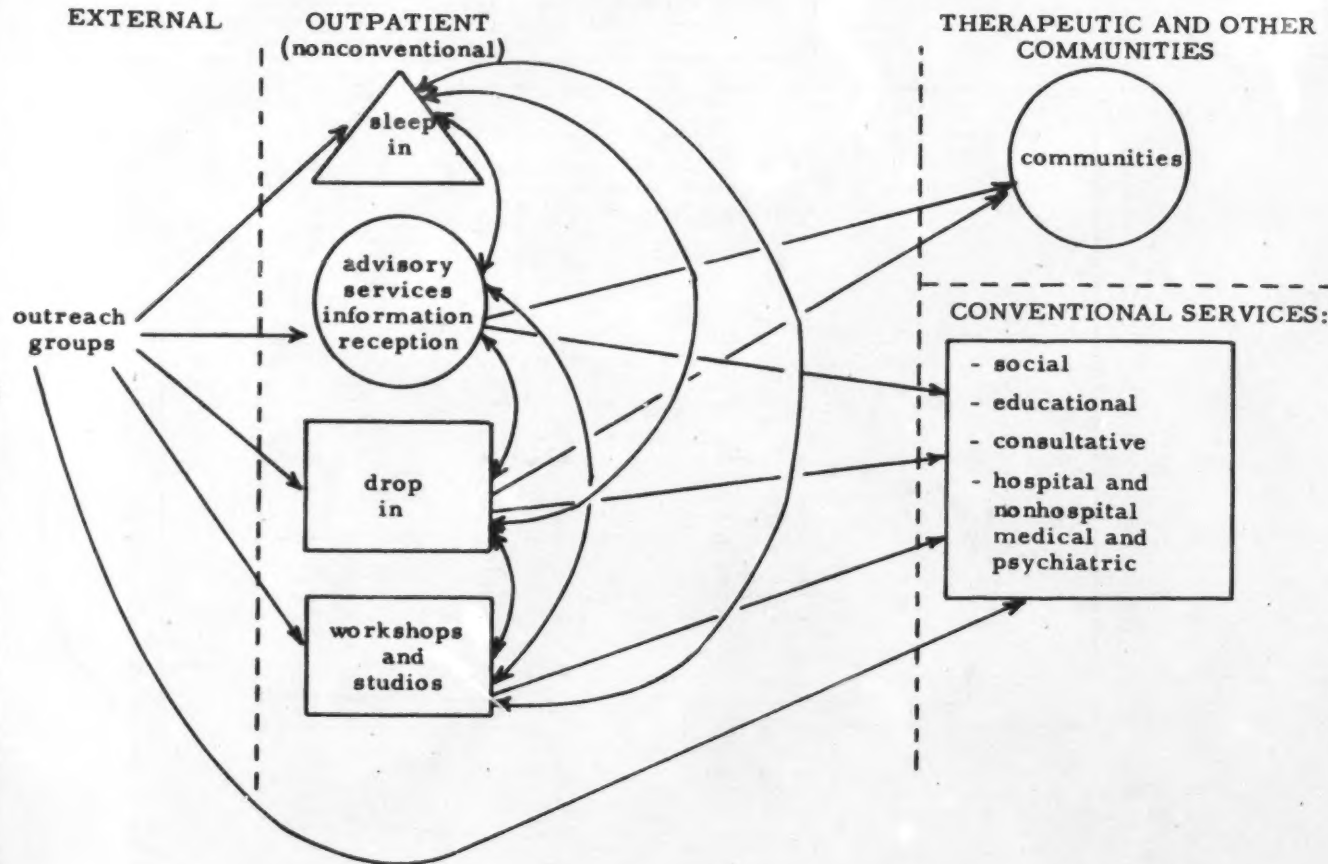
In the sphere of treatment, there would seem to be grounds for recognizing the importance of treatment by agreement with the patient, since it is this which, to a large degree, governs the success or failure of assistance. This is only practicable in a system of medicosocial and mental health education institutions which have considerably lowered their "treatment barriers" and have drawn closer to their potential users. On the other hand, it has been more and more widely recognized that medicine must both become more socially and community oriented, lose its monolithic character and, to a greater degree than hitherto, be centred on social wellbeing or social betterment. This could lead to opening up medical teams to other complementary professional disciplines and to a considerable extension of them to include non-medical persons who have social or community reference roles and psychotherapeutic functions.

Finally, the risks run by services which are close to what we have termed situations of social turmoil should not be forgotten or underestimated. It must be realized that in such cases, emergency situations could arise requiring solidly based professional diagnostic qualifications and which would uniquely limit the activities of volunteers: "to be a volunteer, that is to do it well, is not enough to absolve (the volunteer) from all error".¹

The prevalent pragmatism in their activities will obviously have led some services, even since our visit, to changes of name, approach or policy, premises, or make-up of teams. But this is of no great account since what has to be recognized is that institutional change is desirable.

¹ Kellens, G. (1974) Sortir des sentiers battus. In: Centre d' Etude de la Délinquance juvénile, Voies nouvelles de Prévention, Neuvième Colloque, Namur, 15-16 mars 1974, Bruxelles (Publication No. 35)

COORDINATED MULTIDISCIPLINARY SERVICES



ANNEX II

INTEGRATED MULTIDISCIPLINARY STRUCTURE

